

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026598

STATE FILE NUMBER

FILED JUL 29 1958

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 167

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, give TOWNSHIP only) Moberly OR TOWN Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				c. CITY OR TOWN Moberly 08830 Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
c. FULL NAME OF (If NOT in hospital, give location) 931 W. Rollins HOSPITAL OR INSTITUTION Length of stay in lb 59 Yrs.				d. STREET ADDRESS 931 W. Rollins (If outside, give location) Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. NAME OF DECEASED (Type or print) First OSCAR Middle NMI Last OSWALT				4. DATE OF DEATH Month JULY Day 20 Year 1958			
5. SEX Male <input type="checkbox"/> Female <input type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 22, 1881 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Loco. Engineer				10b. KIND OF BUSINESS OR INDUSTRY Wabash Railroad Co.		11. BIRTHPLACE (City and state or country) Brunswick, Missouri	
13. FATHER'S NAME Alexander Oswalt				14. MOTHER'S MAIDEN NAME Minerva Jane Oswalt			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 703-01-1416		17. INFORMANT Mrs. Oscar Oswalt Address Moberly, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4500 DUE TO (c) 4500							INTERVAL BETWEEN ONSET AND DEATH 1 Day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour 12:00 Month 7 Day 23 Year 1958 a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 7/23/58 to 7/20/58 and last saw her/him alive on 7/20/58 Death occurred at 12:00 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert H. Hanson (Degree or title)				22b. ADDRESS 121 S. W. Moberly		22c. DATE SIGNED 7/24/58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY		23d. LOCATION (City, town, or county) (State)	
Burial		July 23, 1958		Oakland		Moberly Mo.	
24. FUNERAL DIRECTOR Mahan Funeral Service Address Moberly, Mo.				25. DATE RECD. BY LOCAL REG. 7-22-58		26. REGISTRAR'S SIGNATURE Robert H. Hanson	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 30 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 38

P. O. Address Prof...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.